

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000951

STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 3

FILED JAN 15 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Dent County</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem, Missouri</u>		Length of stay in lb <u>67 yr.</u>		c. CITY OR TOWN <u>Salem, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>506 Hickory St. Salem, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>506 Hickory, Salem, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Arch</u> Middle <u>G.</u> Last <u>Redwine</u>				4. DATE OF DEATH Month <u>January</u> Day <u>7</u> Year <u>1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/16/1894</u>		9. AGE (last birthday) <u>67</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing store</u>		11. BIRTHPLACE (City and state or country) <u>Dent County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Abraham Clark Redwine</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Moser</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Smith Redwine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				17. INFORMANT Address <u>Virginia Smith Redwine, Salem, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>							<u>4 days</u>
DUE TO (b) <u>Coronary Heart Disease</u>							<u>unknown</u>
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____	STATE _____	
21. I attended the deceased from <u>Jan. 3, 1962</u> to <u>Jan. 7, 1962</u> and last saw him alive on <u>Jan. 7, 1962</u> Death occurred at <u>9:00 pm</u> <input checked="" type="checkbox"/> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. H. Hunt</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Salem, Missouri</u>		22c. DATE SIGNED <u>1-9-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-10-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Salem, Missouri</u>		(State) _____	
24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc.</u>		ADDRESS <u>Salem, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1/10/62</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by Am.</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl J. Dwyer

Licensed Embalmer No. *9370*

P. O. Address *Salmon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.